City of West Saint Paul

1616 Humboldt Ave. West St. Paul, MN 55118 Phone: (651) 552-4116 FAX: 651-552-4190

Permit No.	
PR2015-000	

Contractor Request for Electrical Inspection

Date			*FILL IN ALI	L FIELDS				
Property/Job Site Address				w	EST ST PAUL		MN	55118
Owner Name				Ow	ner Phone	e-m	nail	
Contractor License No. Company Name					Company Type (check			
Contractor Address City				<u> </u>	State Zip Electrical Contractor Technology Sys. Contractor			
Contractor Phone		Cell e-mail			Contractor Signature			
Project Description					gle inspection other than Ready Now Will ectrical Utility XCEL ENER	Schedule	Rough-in Inspectio YES Job Site Contact	n Required?
Service/Power Sup	ply 0 –	- 400 amp () @ \$35	Ne	w single Family Dwelling		@ \$135	
Service/Power Supply 401 - 800 amp () @ \$60				Str	treet, Parking Lot Lighting Standard () @ \$5 ea			
Service/Power Supply Over 800 amp () @ \$100				Tra	Transformer up to 10KVA () @ \$15			
Feeders/Circuits 0 to 200 Amp () @ \$6				Tra	ansformer over 10KVA		() @ \$30	
Feeders/Circuits	Over 20	O Amp () @ \$15	Sig	gn & Outline Lighting Po	wer Supply	() @ \$5	
New Multi-Family I (up to 20 circuits/fe		Unit Feeders/Circ er unit) (uits) @ \$70/unit	Te	chnology Circuits less t	han 50 V	() @ \$.75	5
New Multi-Family D		Unit Feeders/Circ er unit) (uits) @ \$6	Lu	ıminair Retrofit Modifica	tions	() @ \$.2	5
Reconnected Feed	ler Circu	its () @ \$2	Ins	pection Hourly Rate		() @ \$80	
Separate Bonding	Inspecti	on () @ \$35	Ins	pection Mileage Rate	() @ \$0.55/mile	
Concrete Encased	Bonding	g Electrode () @ \$35	Ad	ditional Inspection Fee		() @ \$35	
Service/Power	Supply	0 – 400 amp () @ \$70		vestigation Fee (<i>N</i> pection Fee whichever i		\$70 or equal to tota ot to exceed \$100	
Service/Power	Supply	401-800 amp () @ \$120		tal Fee (fee calculated			
	Supply	Over 800 amp () @ \$200	Lic	cense Verification Fee	•		\$5.00
200 Amp Circu	it	() @ \$12	Sta	ate Surcharge per pe	ermit per N	M.S § 326.148	\$5.00
Over 200 Amp	Circuit	() @ \$30				ТОТА	L
			s inspection fee	for the uncomp	from the filing date. The pleted work. Inspection fe edfor all dishonored checks.			
I hereby certify that I inspected the electrical installation herein on the dates st Rough – In Inspection(s)						For Departn	nent Use Only	
Final Inspection				Date				
					I			